Ach Credit Request Form

Member and Transaction Information

☐New Credit Request ☐Change Existing Credit Request ☐Cancel Existing Credit Request

_____

Member Name (First) (MI) (Last)

_____

XCELFCU Account Type (sav-chk)/Loan to Be Credited

Type of Transaction ☐ One Time ☐Recurring Standing Order

Bank Information

_____

Routing number of Financial Institution

_____

Financial Institution Name Account Number to be debited/Type (sav-chk)

_____

Start Date (if recurring)

ACCOUNT INFORMATION

_____

Account Holder Name (First) (MI) (Last)

Amount _____

I hereby Authorize XCELFCU to debit my account at the financial institution named above:

Member Signature Date MM/DD/YYYY